

**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF CALIFORNIA**  
 325 West F Street, San Diego, California 92101-6991

**M E M O R A N D U M**

TO: Case Administrator

RE: **REQUEST TO SET CLAIMS BAR DATE** - For use in Chpt 7 cases only

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

If this case has been consolidated either substantively or administratively with any other case, list case names and numbers below. Continue on reverse side if necessary. A separate Claims Register must be prepared for each case.

CONSOLIDATED Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

CONSOLIDATED Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

CONSOLIDATED Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

CONSOLIDATED Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

I hereby request that a claims bar date be set in the above-entitled case(s) and notice of the same be sent to all creditors and other parties in interest. No claims bar date under Chapter 7 has been previously set.

Number of Scheduled Creditors: \_\_\_\_\_

Estimated funds to be available for  
Creditors: \$ \_\_\_\_\_

Estimated cost of administration  
exclusive of court costs: \$ \_\_\_\_\_

DATED:

\_\_\_\_\_  
Trustee in Bankruptcy

FOR USE BY CASE ADMINISTRATOR (If this is an ECF case, use form CSD 1850):

[ ] A No Distribution Report has been filed. Send memo to trustee.

[ ] If applicable, case was closed on: \_\_\_\_\_.

[ ] A Chapter 7 Claims Bar Date has been previously set. Send memo to trustee.

[ ] No claims Bar Date has been set or previously requested by the trustee or his agent.

[ ] Claims updated.

[ ] CLAIMS BAR DATE SET FOR: \_\_\_\_\_

[ ] Event Code: reqfxbd

[ ] Form: OFD

DATE REQUESTED: \_\_\_\_\_ by \_\_\_\_\_, Deputy Clerk